

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/562,564</td> </tr> <tr> <td>Filing Date</td> <td>December 27, 2005</td> </tr> <tr> <td>First Named Inventor</td> <td>Seiji Kubo</td> </tr> <tr> <td>Title</td> <td>Sole With Reinforcement Structure</td> </tr> <tr> <td>Art Unit</td> <td>3785</td> </tr> <tr> <td>Examiner Name</td> <td>FRANGE, SHARON M</td> </tr> <tr> <td>Attorney Docket No.</td> <td>42463-503N01US</td> </tr> </table>	Application Number	10/562,564	Filing Date	December 27, 2005	First Named Inventor	Seiji Kubo	Title	Sole With Reinforcement Structure	Art Unit	3785	Examiner Name	FRANGE, SHARON M	Attorney Docket No.	42463-503N01US
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<p>I hereby revoke all previous powers of attorney given in the above-identified application.</p> <p><input type="checkbox"/> A Power of Attorney is submitted herewith.</p> <p>OR</p> <p><input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:</p> <div style="border: 1px solid black; width: 100px; height: 30px; margin-left: 500px; text-align: center; line-height: 30px;">64046</div> <p>OR</p> <p><input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Practitioner(s) Name</th> <th style="width: 15%;">Registration Number</th> <th style="width: 33%;">Practitioner(s) Name</th> <th style="width: 15%;">Registration Number</th> </tr> </thead> <tbody> <tr> <td style="height: 60px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number										
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<p>Please recognize or change the correspondence address for the above-identified application to:</p> <p><input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number:</p> <p>OR</p> <p><input type="checkbox"/> The address associated with Customer Number</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 500px;"></div> <p>OR</p> <p><input type="checkbox"/> Firm or Individual Name</p>															
<p>Address</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip</td> </tr> <tr> <td>Country</td> <td>Telephone</td> <td>Email</td> </tr> </table>		City	State	Zip	Country	Telephone	Email								
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<p>I am the:</p> <p><input type="checkbox"/> Applicant/Inventor</p> <p>OR</p> <p><input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____</p>															
SIGNATURE OF Applicant or Assignee of Record															
Signature	Date														
Name	Telephone														
<p>Title and Company Authorized Signer, ASICS CORPORATION</p>															
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>															
<p><input type="checkbox"/> *Total of <u>1</u> forms are submitted.</p>															

<p>I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.5(a)(4).</p>	
<p>Dated: <u>9/1/11</u></p>	<p>Signature: <u>Kethya Teuk</u> (Kethya Teuk)</p>